

Page 1 of 2

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **STRATEGIC CAPITAL INVESTMENT ADVISORS INC.**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street **1010 JORIE BLVD. SUITE 110**City **OAKBROOK**State **ILLINOIS** ZIP Code + 4 **60523**

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **PENSION FUND
ROCKFORD PIPE TRADES INDUSTRY**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street **4525 BOEING DRIVE**City **ROCKFORD**State **ILLINOIS** ZIP Code + 4 **61109**

11.a. Nature of such dealing.

THE PENSION TRUST & HEALTH & WELFARE TRUST PAYS STRATEGIC CAPITAL FOR MANAGING PLAN ASSETS.

11.b. Approximate dollar value of such dealing.

\$52,000

12.a. Nature of interest held or income received.

BUSINESS MEETINGS WERE CONDUCTED OVER GOLF AND SPORTING EVENTS, A

12.b. Amount.

\$65.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

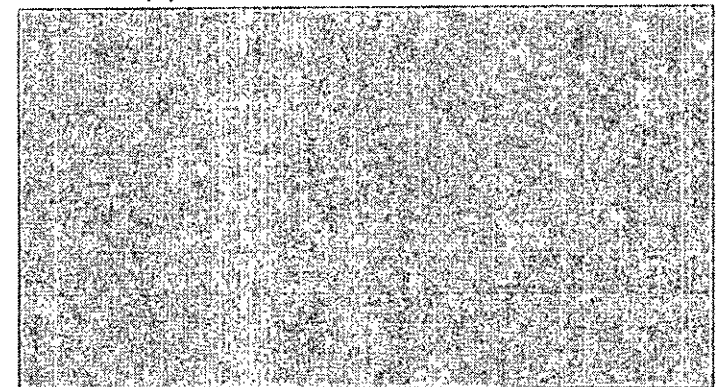
P.O. Box, Bldg., Room No., if any:

Street:

City:

State: ZIP Code + 4:

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

